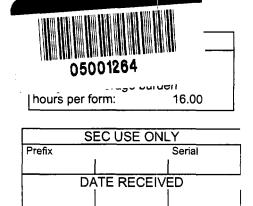
UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

JAN 1 2 2005 FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR



<del></del>						
Name of Offering (☐ check if this is an a CBS Private Capital Ltd - Se		as changed, and	ndicate change.)	)		
Filing Under (Check box(es) that apply:)	☐ Rule 504 ☐	Rule 505	Rule 506	Section 4(6)	ULOE	
Type of Filing:  New Filing	Amendment					
The production of the producti	A. BASI	C IDENTIFICA	TION DATA	THE PERSON	192	
1. Enter the information requested about	the issuer					
Name of Issuer ( check if this is an	amendment and name h	nas changed, and	indicate change	.)		
CBS Private Capital Ltd					_	
Address of Executive Offices	(Number and Stree	et, City, State Zip	Code)	Telephone Num	ber (including A	rea Code)
Peninsular House, 36 Monu	ment Street, Lond	on EC3R 8LJ		020 7648	<u>4500</u>	
Address of Principal Business Operation	s (Number and St	reet, City, State a	nd Zip Code)	Telephone Num	ber (Including A	Area Code)
(if different from Executive Offices)						
Brief Description of Business	<u></u>					できるからかる
Provides services to member of insurance risks at Lloyd's	_	tive to their u	nderwriting			
Type of Business Organization		<u></u>				2000 1 S 800
☐ corporation		rtnership, already		other (pleas		111000000
☐ business trust	☐ limited pa	rtnership, to be fo	rmed	Limited Cor	npany ———————	FINANCIAI
		Month	Year			
Actual or Estimated Date of Incorporation	n or Organization:	1 2	8 5	Actual	☐ Estima	ted
Jurisdiction of Incorporation or Organizat	,	letter U.S. Postal or Canada; FN for			FN	¥

ÚMÍFORM LIMITED OFFERING EXEMPTION

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - \* Each promoter of the issuer, if the issuer has been organized within the past five years;
  - \* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - \* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| * Each general and ma                                             | naging partner o  | f part | nership issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                    |          |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Check Box(es) that Apply:                                         | ☐ Promoter        | X      | Beneficial Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | Executive Officer  |          | Director |       | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Full Name (Last name first, if in CBS Insurance Holdings Plc      | dividual)         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                    |          |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Peninsular House, 36 Monumer                                      | nt Street, Londor | EC:    | BR 8LJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                    |          |          | 1.7.7 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last name first, if in<br>Harbord-Hamond, Charles Anth | ony Assheton      |        | Principal de la proposición de la composición del composición de la composición de la composición de la composición de la composición del composición de la  |       |                    |          |          |       | and the company of th |
| Business or Residence Address<br>Peninsular House, 36 Monume      |                   |        | et, City, State, Zip 0<br>3R 8LJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code) |                    |          |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last name first, if in White, Graham John              | dividual)         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                    |          |          |       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Full Name (Last name first, if in Smith, Neil Leslie Crawford     | dividual)         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                    |          |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last name first, if in Sparrow, Andrew James           | dividual)         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                    |          |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last name first, if in<br>Berkeley, Giles Robert       | dividual)         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Talke Free Free    | 1.0      |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Meacock, Michael John                                             | ai i i dudi j     |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | ·                  | ·<br>    |          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address<br>Peninsular House, 36 Monume      | •                 |        | et, City, State, Zip 0<br>BR 8LJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code) |                    |          | ÷        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Full Name (Last name first, if in Keeling, Christopher Anthony   |                   |      |                                  |         | i Bisalin (filozofia)<br>Listako (filozofia)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | a and it    |          |                                                                                                                |
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| Business or Residence Addres<br>Peninsular House, 36 Monume      |                   | ***  |                                  | Code)   | e Balancia (B. 1994)<br>Barancia (B. 1994)<br>Barancia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |             |          |                                                                                                                |
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| Full Name (Last name first, if in                                | ndividual)        |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Business or Residence Addres<br>Peninsular House, 36 Monume      | `                 |      | et, City, State, Zip 0<br>3R 8LJ | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | ☐ Promoter        |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X        | Director    |          | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if in Lumley, Stephen                | ndividual) :      |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Business or Residence Addres<br>Peninsular House, 36 Monume      |                   |      |                                  | Code)   | , endeds the country of the country  |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | ☐ Promoter        |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X        | Director    |          | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if in<br>Ewart, David John           | ndividual)        |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Business or Residence Addres                                     | •                 |      | et, City, State, Zip C           | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Peninsular House, 36 Monume                                      | nt Street, London | EC:  | 3R 8LJ                           |         | 4. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | Promoter          |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X        | Director    | D;       | General and/or Managing Partner                                                                                |
| Full Name (Last name first, if ir Harbord-Hamond, Emma Louis     | e .               |      |                                  |         | is beef (hear)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1        |             |          |                                                                                                                |
| Business or Residence Address Peninsular House, 36 Monume        |                   |      | et, City, State, Zip 0<br>3R 8LJ | Code)   | i de grande de la compansión de la compa |          |             |          | norselection in the second |
| Charle Baylon) that Analys                                       |                   |      | Banafisial Overse                |         | Function Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I⊠I      | Discotor    |          |                                                                                                                |
| Check Box(es) that Apply:                                        | ☐ Promoter        |      | Beneficial Owner                 | <u></u> | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Director    | <u>L</u> | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if in Wood, Alistair Thomas          | ndividual)        |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Business or Residence Addres                                     | s (Number and     | Stre | et, City, State, Zip C           | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | <del></del> |          |                                                                                                                |
| Peninsular House, 36 Monume                                      | nt Street, London | EC:  | 3R 8LJ                           |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | Promoter          |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X        | Director    |          | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if ir Castell, Andrew Sean           | ndividual)        |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Business or Residence Addres<br>Peninsular House, 36 Monume      |                   |      |                                  | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | ☐ Promoter        |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X        | Director    |          | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if in Doyle, Jennifer Susan Caroline | ·                 |      |                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          | <b>.</b>                                                                                                       |
| Business or Residence Addres                                     |                   | Stre | et, City, State, Zip C           | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Peninsular House, 36 Monume                                      | nt Street, London | EC:  | 3R 8LJ                           |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Check Box(es) that Apply:                                        | ☐ Promoter        |      | Beneficial Owner                 |         | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ×        | Director    | П        | General and/or<br>Managing Partner                                                                             |
| Full Name (Last name first, if in                                | dividual)         |      | lika inde                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |
| Lee, Michael Alan  Business or Residence Addres                  | s (Number and     | Stre | et, City, State, Zip (           | Code)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | t en c      |          | error particular to                                                                                            |
| Peninsular House, 36 Monume                                      | nt Street, London | EC   | 3R 8LJ 📑 🔭                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |          |                                                                                                                |

| 9.0                         | - Will file                                                             |                                               | , il planti e re                               | diamen B.                                     | INFORMA                                   | TION ABOI                                 | JT OFFERI                                     | NG-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ler de la casa de la c |                                        | jira, ka kan ka |                |
|-----------------------------|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|----------------|
| 1. Has th                   | e issuer solo                                                           | d, or does th                                 | ne issuer inte                                 | end to sell,                                  | to non-accre                              | edited inves                              | tors in this c                                | offering?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                        | Yes<br>□        | No<br><b>☑</b> |
|                             |                                                                         |                                               |                                                | Answer als                                    | o in Append                               | dix, Column                               | 2, if filing ur                               | nder ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                        |                 |                |
| 2. What is                  | s the minim                                                             | um investme                                   | ent that will l                                | oe accepted                                   | I from any ir                             | ndividual?                                | See Fo                                        | otnote l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. <u>2</u>                                                                                                    |                                        | \$ 25.4         | 05,831         |
|                             |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        | Yes             | No             |
| 3. Does t                   | he offering p                                                           | permit joint o                                | ownership o                                    | f a single ur                                 | nit?                                      |                                           | ••••••                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *****************                                                                                              | •••••                                  |                 | Ø              |
| commi<br>a perso<br>states, | the informatission or sime on to be listed, list the name or dealer, ye | nilar remune<br>ed is an ass<br>ne of the bro | eration for so<br>ociated pers<br>oker or deal | olicitation of<br>ion or agent<br>er. If more | purchasers<br>of a broker<br>than five (5 | in connecti<br>or dealer re<br>persons to | on with sale<br>egistered will<br>be listed a | es of securitions of the securition in the securities of securities of the securitie | ies in the of<br>and/or with a                                                                                 | fering. If<br>a state or               |                 |                |
| Full Name                   | (Last name                                                              | first, if indiv                               | vidual)                                        |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A                         |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| Business                    | or Residence                                                            | e Address (I                                  | Number and                                     | Street, City                                  | , State, Zip                              | Code)                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A                         |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| Name of A                   | ssociated B                                                             | roker or De                                   | aler                                           |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        | ·               |                |
| N/A                         |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
|                             | Which Perso                                                             |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
|                             | All States" o<br><b>eck AK, AR</b>                                      |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ☐ All State                            | es              |                |
| [AL]                        | [AK]                                                                    | [AZ]                                          | [AR]                                           | [CA]                                          | [CO]                                      | [CT]                                      | [DE]                                          | [DC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [FL]                                                                                                           | [GA]                                   | [HI]            | [ID]           |
| [IL]                        | [IN]                                                                    | [IA]                                          | [KS]                                           | [KY]                                          | [LA]                                      | [ME]                                      | [MD]                                          | [MA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MI]                                                                                                           | [MN]                                   | [MS]            | [MO]           |
| [MT]                        | [NE]                                                                    | [NV]                                          | [NH]                                           | [NJ]                                          | [NM]                                      | [NY]                                      | [NC]                                          | [ND]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [OH]                                                                                                           | [OK]                                   | [OR]            | [PA]           |
| [RI]                        | [SC]                                                                    | [SD]                                          | [TN]                                           | [TX]                                          | [UT]                                      | [VT]                                      | [VA]                                          | [WA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [WV]                                                                                                           | [WI]                                   | [WY]            | [PR]           |
| Full Name                   | (Last name                                                              | tirst, it indiv                               | /loual)                                        |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A                         |                                                                         |                                               |                                                | 0: 10:                                        |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A                         | or Residence                                                            | e Address (I                                  | Number and                                     | Street, City                                  | /, State, ∠ıp                             | Code)                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
|                             | Associated B                                                            | Broker or De                                  | aler                                           |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A                         |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| States in V                 | Which Perso                                                             |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| (Check "/                   | All States" o                                                           | r check indi                                  | vidual State                                   | s)                                            |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 | States         |
| [AL]                        | [AK]                                                                    | [AZ]                                          | [AR]                                           | [CA]                                          | [CO]                                      | [CT]                                      | [DE]                                          | [DC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [FL]                                                                                                           | [GA]                                   | [HI]            | [ID]           |
| [IL]                        | [IN]                                                                    | [AI]                                          | [KS]                                           | [KY]                                          | [LA]                                      | [ME]                                      | [MD]                                          | [MA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MI]                                                                                                           | [MN]                                   | [MS]            | [MO]           |
| [MT]<br>[RI]                | [NE]<br>[SC]                                                            | [NV]<br>[SD]                                  | [NH]<br>[TN]                                   | [NJ]<br>[TX]                                  | [MM]<br>[UT]                              | [NY]<br>[VT]                              | [NC]<br>[VA]                                  | [ND]<br>[WA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [OH]<br>[WV]                                                                                                   | [OK]<br>[WI]                           | [OR]<br>[WY]    | [PA]<br>[PR]   |
|                             | (Last name                                                              |                                               |                                                | 1114                                          |                                           | [, .,                                     | []                                            | [ry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | []                                                                                                             | [,,,]                                  | [1,1,1]         |                |
| N/A                         |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                              |                                        |                 |                |
|                             | or Residenc                                                             | e Address (                                   | Number and                                     | Street, City                                  | , State, Zip                              | Code)                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ······································ |                 |                |
| NI/A                        |                                                                         | •                                             |                                                | •                                             |                                           | ,                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A<br>Name of A            | Associated B                                                            | Broker or De                                  | aler                                           |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| •                           |                                                                         |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
| N/A<br>States in V          | Which Perso                                                             | n listed Ha                                   | s Solicited o                                  | r Intends to                                  | Solicit Purc                              | hasers                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 |                |
|                             | All States" o                                                           |                                               |                                                |                                               |                                           |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                        |                 | All State      |
| [AL]                        | [AK]                                                                    | [AZ]                                          | [AR]                                           | [CA]                                          | [CO]                                      | [CT]                                      | [DE]                                          | [DC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [FL]                                                                                                           | [GA]                                   | [HI]            | [ID]           |
| [IL]                        | [IN]                                                                    | [IA]                                          | [KS]                                           | [KY]                                          | [LA]                                      | [ME]                                      | [MD]                                          | [MA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MI]                                                                                                           | [MN]                                   | [MS]            | [MO]           |
| [MT]                        | [NE]                                                                    | [NV]                                          | [NH]                                           | [NJ]                                          | [NM]                                      | [NY]                                      | [NC]                                          | [ND]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [OH]                                                                                                           | [OK]                                   | [OR]            | [PA]           |
| [RI]                        | [SC]                                                                    | [SD]                                          | [TN]                                           | [TX]                                          | [UT]                                      | [VT]                                      | [VA]                                          | [WA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [WV]                                                                                                           | [WI]                                   | [WY]            | [PR]           |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A                                                                                                                                                                                                                                                                                                                                      | ND USI | OF PROCEEDS                 | લાં જાંદ્ર<br>જુલો<br>માર્ચિક | in in the party of the second |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|-------------------------------|-------------------------------|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                    |        |                             |                               |                               |
| Type of Security                                                                                                                                                                                                                                                                                                                                                                        |        | Aggregate<br>Offering Price |                               | Amount Already<br>Sold        |
| Debt                                                                                                                                                                                                                                                                                                                                                                                    | . \$   | -0-                         | \$                            | _                             |
| Equity                                                                                                                                                                                                                                                                                                                                                                                  | . \$   | -0-                         | ·                             | -0-                           |
| ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                    |        |                             | • ` .                         |                               |
| Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                             | \$_    | -0-                         | . \$                          | -0-                           |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                   | \$_    | -0-                         | \$                            | -0-                           |
| Other (Specify) See Footnote C-1                                                                                                                                                                                                                                                                                                                                                        | \$_    | 25,405,831                  | . \$                          | 25,405,831                    |
| Total                                                                                                                                                                                                                                                                                                                                                                                   | \$_    | 25,405,831                  | . \$                          | 25,405,831                    |
| Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                |        |                             |                               |                               |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."           |        | Number                      |                               | Aggregate<br>Dollar Amount    |
|                                                                                                                                                                                                                                                                                                                                                                                         |        | Investors                   |                               | of Purchases                  |
| Accredited Investors See Footnote C-2                                                                                                                                                                                                                                                                                                                                                   | _      | 0/24                        | . \$                          | 25,405,831                    |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                |        | -0-                         | . \$                          | N/A                           |
| Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                 |        | N/A                         | . \$                          | N/A                           |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.   |        | Type of                     |                               | Dollar Amount                 |
| Type of offering                                                                                                                                                                                                                                                                                                                                                                        |        | Security                    |                               | Sold                          |
| Rule 505                                                                                                                                                                                                                                                                                                                                                                                |        | N/A                         | \$                            | N/A                           |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                            |        | N/A                         | \$                            | N/A                           |
| Rule 504                                                                                                                                                                                                                                                                                                                                                                                |        | N/A                         | \$                            | N/A                           |
| Total                                                                                                                                                                                                                                                                                                                                                                                   |        | N/A                         | . \$                          | N/A                           |
| 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |        |                             |                               |                               |
| Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                   |        |                             | \$                            | -0-                           |
| Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                            |        |                             | \$                            | -0-                           |
| Legal Fees                                                                                                                                                                                                                                                                                                                                                                              |        |                             | \$                            | -0-                           |
| Accounting Fees                                                                                                                                                                                                                                                                                                                                                                         |        |                             | \$                            | -0-                           |
| Engineering Fees                                                                                                                                                                                                                                                                                                                                                                        |        |                             | \$                            | -0-                           |
| Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                    |        |                             | \$                            | -0-                           |
| Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                               |        | 0                           | \$                            | See Fn.<br>C-4(a)             |
| Total                                                                                                                                                                                                                                                                                                                                                                                   |        |                             | \$                            | Incidental                    |

# b. Enter the difference between the aggregate offering price given in response to Part C

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

# See Footnote C-4(b)

s 25,804,900

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

| S                                                                                                                                                          | ee Footnote C-5                       |                 |        |                                                     |            |      |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|--------|-----------------------------------------------------|------------|------|-----------------------|
|                                                                                                                                                            |                                       |                 | C      | Payments to<br>Officers, Directors,<br>& Affiliates |            |      | Payments To<br>Others |
| Salaries and Fees                                                                                                                                          |                                       | 🗖               | \$_    | -0-                                                 |            | \$   | -0-                   |
| Purchase of real estate                                                                                                                                    |                                       | 🗖               | \$_    | -0-                                                 |            | \$   | -0-                   |
| Purchase, rental or leasing and installation of                                                                                                            | f machinery and equipment             | 🗖               | \$_    | -0-                                                 |            | \$   | -0-                   |
| Construction or leasing of plant buildings and                                                                                                             | facilities                            | 🗖               | \$_    | -0-                                                 |            | \$   | -0-                   |
| Acquisition of other businesses (including the offering that may be used in exchange for t issuer pursuant to a merger)                                    | the assets or securities of another   | 🗆               | \$     | -0-                                                 | _          | \$   | -0-                   |
| Repayment of indebtedness                                                                                                                                  |                                       | 🗖               | \$     | -0-                                                 |            | \$   | -0-                   |
| Working capital                                                                                                                                            |                                       | 🗖               | \$_    | -0-                                                 | _<br>_ Ø   | \$   | 25,405,831            |
| Other (specify):                                                                                                                                           |                                       |                 |        |                                                     |            |      |                       |
| Compensation to Members' and Managing Agents — Se                                                                                                          |                                       | -<br>- <b>1</b> | \$_    | 399,069                                             |            | \$   |                       |
| Column Totals                                                                                                                                              |                                       | 🗹               | \$_    | 399,069                                             | _ <b>Ø</b> | \$   | 25,405,831            |
| Total Payments Listed (column totals added)                                                                                                                |                                       |                 |        | <b>Ø</b> \$                                         | 25,8       | 04,9 | 900                   |
|                                                                                                                                                            | D. FEDERAL SIGNAT                     | URE             |        |                                                     |            |      |                       |
| The issuer has duly caused this notice to be sig<br>signature constitutes an undertaking by the issue<br>the information furnished by the issuer to any no | uer to furnish to the U.S. Securities | and Ex          | change | Commission, up                                      |            |      |                       |
| suer (Print or Type)                                                                                                                                       | Signature                             | <u> </u>        |        | Date                                                | ,          |      |                       |
| BS Private Capital Ltd                                                                                                                                     |                                       |                 |        | 10 <sup>th</sup> January 200                        | )5         |      |                       |
| ame of Signer (Print or Type)                                                                                                                              | Title of Signer (Print or Type)       |                 |        |                                                     |            |      |                       |
| ennifer Susan Caroline Doyle                                                                                                                               | Director                              |                 |        |                                                     |            |      |                       |
| -                                                                                                                                                          |                                       |                 |        |                                                     |            |      |                       |
| •                                                                                                                                                          |                                       |                 |        |                                                     |            |      |                       |
| •                                                                                                                                                          |                                       |                 |        |                                                     |            |      |                       |
| •                                                                                                                                                          |                                       |                 |        |                                                     |            |      |                       |
|                                                                                                                                                            | ATTENTION                             |                 | •      |                                                     |            |      |                       |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E. STATE                | SIGNATURE                 |                                      |          |       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|--------------------------------------|----------|-------|
| 1.  | Is any party described in 17 CFR 230.252 such rule?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                           |                                      | Yes      | No    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | See Appendix, Colum     | in 5, for state response. |                                      |          |       |
| 2.  | The undersigned issuer hereby undertakener D (17 CFR 239.500) at such times a Act of 1933.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                           |                                      |          |       |
| 3.  | The undersigned issuer hereby undertake issuer to offerees to the extent require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                           |                                      | hed by   | the   |
| 4.  | The undersigned issuer represents that the Limited Offering Exemption (ULOE) of the this exemption has the burden of establishing the control of the control | state in which this not | ce is filed and understa  |                                      |          |       |
|     | e issuer has read this notification and know<br>dersigned duly authorized person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ws the contents to be   | true and has duly caus    | ed this notice to be signed on its t | behalf b | y the |
| iss | suer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature               | 10                        | Date                                 |          |       |
| CE  | 3S Private Capital Ltd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jeu                     | yme                       | 10th January 2005                    |          |       |
| Na  | ame (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title (Print or Type)   |                           |                                      |          |       |

Director

#### Instruction.

Jennifer Susan Caroline Doyle

Frint the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

[In column 2, mark "no" column; in column 3, insert See Form D Fn. 1 in all states in which have Names, and mark N/A in other states; in column 4, show number of newly initiated relationships with Names resident in state and total number of Names resident in state in accredited investor column, using format \_\_/\_, and put N/A in other columns; in column 5 leave blank (based on note at top of column).

|       | 7.                               |                                                         | and the state of                                                                           |                                      |                                      |                                                                                                                                         | l W    |     |    |
|-------|----------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----|
| 1     | Intend<br>to r<br>accre<br>inves | to sell<br>non-<br>edited<br>tors in<br>ate<br>-ltem 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | 5                                    | Type of In<br>amount purc<br>(Part C | 5 NOT APPLICABLE (NOT RELYING ON ULOE) Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |        |     |    |
| State | Yes                              | No                                                      |                                                                                            | Number of<br>Accredited<br>Investors | Amount                               | Number of<br>Non-<br>Accredited<br>Investors                                                                                            | Amount | Yes | No |
| AL    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| AK    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| AZ    |                                  | ✓                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| AR    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| CA    |                                  | 1                                                       | See Form D,<br>footnote 1                                                                  | 0/2                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| co    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| СТ    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| DE    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    | ,   |    |
| DC    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     | ,  |
| FL    |                                  | ✓                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| GA    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| HI    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| ID    |                                  | ₹.                                                      | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     | ,  |
| IL    |                                  | 1                                                       | See Form D,<br>footnote 1                                                                  | 0/2                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| IN    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| IA    |                                  | ✓                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| KS    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| KY    |                                  | 1                                                       | N/A                                                                                        |                                      | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| LA    |                                  | ✓                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| ME    |                                  | 1                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| MD    |                                  | 1                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |
| MA    |                                  | 1                                                       | See Form D,<br>footnote 1                                                                  | 0/1                                  | N/A                                  | N/A                                                                                                                                     | N/A    |     |    |

| МІ | <b>*</b> | See Form D,<br>footnote 1 | 0/1 | N/A | N/A | N/A |   |
|----|----------|---------------------------|-----|-----|-----|-----|---|
| MN | 1        | N/A                       |     | N/A | N/A | N/A |   |
| MS | 1        | N/A                       |     | N/A | N/A | N/A |   |
| МО | <b>*</b> | See Form D,<br>footnote 1 |     | N/A | N/A | N/A |   |
| МТ | <b>*</b> | See Form D,<br>footnote 1 | 0/2 | N/A | N/A | N/A |   |
| NE | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| NV | <b>*</b> | N/A                       |     | N/A | N/A | N/A |   |
| NH | 1        | N/A                       |     | N/A | N/A | N/A |   |
| NJ | <b>*</b> | See Form D,<br>footnote 1 | 0/0 | N/A | N/A | N/A |   |
| NM | 1        | N/A                       |     | N/A | N/A | N/A |   |
| NY | 1        | See Form D,<br>footnote 1 | 0/4 | N/A | N/A | N/A |   |
| NC | <b>*</b> | See Form D,<br>footnote 1 | 0/1 | N/A | N/A | N/A |   |
| ND | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| ОН | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| ОК | <b>*</b> | See Form D,<br>footnote 1 |     | N/A | N/A | N/A |   |
| OR | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| PA | <b>*</b> | See Form D,<br>footnote 1 | 0/3 | N/A | N/A | N/A |   |
| RI | <b>*</b> | N/A                       |     | N/A | N/A | N/A | · |
| sc | <b>✓</b> | N/A                       |     | N/A | N/A | N/A |   |
| SD | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| TN | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| TX | 1        | N/A                       | 0/3 | N/A | N/A | N/A |   |
| UT | <b>✓</b> | N/A                       |     | N/A | N/A | N/A |   |
| VT | 1        | N/A                       |     | N/A | N/A | N/A |   |
| VA | <b>✓</b> | N/A                       |     | N/A | N/A | N/A |   |
| WA | 1        | N/A                       |     | N/A | N/A | N/A |   |
| WV | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| WI | ✓        | N/A                       |     | N/A | N/A | N/A |   |
| WY | 1        | N/A                       |     | N/A | N/A | N/A |   |
| PR | 1        | N/A                       |     | N/A | N/A | N/A |   |

## **Footnotes**

#### Footnote 1

Pursuant to an agency agreement ("Members' Agent Agreement"), CBS Private Capital Ltd (the "Members' Agent") represents individual members of Lloyd's ("Names"), and advises them and manages their affairs with respect to their insurance underwriting business at Lloyd's. The Members' Agent helps each Name to secure the right to participate in insurance underwriting syndicates in the Lloyd's market (through acquisitions by auction of the right to participate, or otherwise), and enters into agency agreements on the Name's behalf with insurance underwriting agents at Lloyd's (the "Managing Agents") who manage the Name's participation on insurance underwriting syndicates at Lloyd's. In the view of Lloyd's, as regulator of the Lloyd's market, and the filing Members' Agent, such activities and agreements relate to the direct underwriting of insurance in the Lloyd's market, and neither their initiation nor their continuation on an ongoing basis involve the offer, sale, or issuance of a security. The Members' Agent, on behalf of itself, Lloyd's and other participants in the Lloyd's market, expressly reserves their right to maintain this position notwithstanding the making of this filing or the use of the words "issuer," "security" and like terms in this filing. However, these activities are reported on this Form D solely for purposes of asserting that, in any case, these activities are exempt from registration under Regulation D.

For administrative convenience and to facilitate a wider spread of insurance risk, some Names for whom the Members' Agent acts are grouped together in a members' agent pooling arrangement in which all participating members underwrite in the same insurance syndicates with shared premium limits which they agree. Each Name is individually identified on syndicate lists and underwrites directly, with full unlimited liability. While accounting and certain other administrative tasks are handled in the first instance on a group basis, the interests of the participating Names are accounted for individually and no legal entity is created.

## Footnote B-2

Since each individual Name in the Lloyd's insurance market pledges his or her entire personal wealth to satisfy claims on policies he or she underwrites, this amount cannot be determined. In order to underwrite, a Name must place monies in the form of cash, letters of credit, or other assets as security for such Name's underwriting.

The Name's deposit, taken together with the Name's qualifying net worth, is determinative of the amount of insurance business he may undertake. Under certain circumstances a Name's losses in excess of a certain amount may be

covered by a an excess stop loss insurance plan or by other insurance but any such insurance does not release the Name from unlimited liability.

#### Footnote C-1

As indicated in Footnote 1 above, the Members' Agent does not consider the relationships described in footnote 1 to constitute any kind of security, including, without limitation, an investment contract. Because of the Name's unlimited liability as described in Footnote B-2, an aggregate offering price is not calculable.

#### Footnote C-2

The Number of Investors shown to the left of the slash-mark is the number of Names who, insofar as the Members' Agent is aware, are U.S. Persons (as defined in Regulation S) and have initiated relationships with the filing Members' Agent in respect of the year of account recently commenced. The Number of Investors shown to the right of the slash-mark is the total number of U.S. Names represented by the filing Members' Agent (including both newly-initiated relationships and relationships that were initiated in prior years of account). The inclusion of this additional information with respect to continuing relationships is without prejudice to the Members' Agent position that, even if a security were involved here, the continuation of a relationship with the Members' Agent from year to year does not constitute the offer, sale or issuance of a security.

#### Footnote C-4(a)

Fees incurred by the Members' Agent in connection with the execution of the Members' Agent's Agreement are minor and in any case do not exceed \$5,000.

# Footnote C-4(b)

See Footnote B-2. Although each Name must deposit funds with the Lloyd's market, such funds serve only to satisfy liabilities of the Names under certain conditions. Accordingly, there are no proceeds in the usual sense. Moreover, since each individual Name pledges the Name's entire net worth, the "aggregate" amount cannot be calculated.

# Footnote C-5

Any deposit furnished by the Name in connection with his business of insurance underwriting at Lloyd's is placed on deposit and, together with revenues generated by his insurance underwriting business and the Name's aggregate net

worth, is available to meet the expenses of the insurance underwriting business, including insurance claims.

Fees paid by the Name to the Members' Agent for the services rendered by the Members' Agent are as follows:

#### a) Annual Fee

A minimum fee of £1,500 but scaling applies depending upon the level of participation at Lloyd's.

## b) **Profit Commission**

No profit commission is charged.

# c) Co-ordinating Agent's fee

0.3% of premium limit allocated by Agents other than CBS private Capital Ltd.

# d) Winding up fee

1% of highest premium limit of the last 3 years of underwriting, in the event of cessation of underwriting or death.

Fees are also paid by the Name to the Managing Agents for insurance underwriting services. These are determined on a similar basis as the fees paid to Members' Agents but vary (in amount and method of calculation) from Managing Agent to Managing Agent.